

GRAMA REQUEST FOR RECORDS

To: _____ *1
(Name of person and/or government office holding records)

Description of records sought (records must be described with reasonable specificity):

I would like to inspect the records.

I would like to receive copies of the records. I understand that I will be responsible for copy costs. I authorize costs of up to \$_____. I further understand that the agency will contact me if estimated costs are greater than the amount I have specified, and that the agency will not respond to a request for copies if I have not authorized adequate costs.

I would like to receive copies of the records. I request a waiver of copy costs. (Please attach information supporting your request; see U.C.A. 63-2-203(3) for a list of situations under which an agency is encouraged to provide copies without charge.)

If applicable, check one of the following and attach necessary documentation.

I am the subject of the record.

I am the person who provided the information.

I am authorized to have access by the subject of the record or by the person who submitted the information.

Other. Explain _____

My name is: _____

My address is: _____

City, State, Zip: _____

My daytime phone is: _____

I am requesting expedited response. (Please attach information that shows your status as a member of the media and a statement that the records are required for a story for broadcast or publication; or please attach other information that demonstrates that you are entitled to expedited response under U.C.A. 63-2-204(3).)

Signature _____ Date _____

**1 The response to a request may be delayed if it is not directed properly. To find out where to direct a request, consult the agency's rule, or telephone the agency or State Archives. The telephone number for State Archives is (801) 538-3012.*